

## 2002 Regional Registration Form

**Please type or print.**

Name: \_\_\_\_\_ Company/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Attending Conference in:

☐ Nacogdoches-August 7

☐ Abilene-August 9

☐ S. Padre Island-August 12

Enclose Check or Money Order for \$50 per registration payable to: **Texas Public Health Association**

Tax ID# 74-6058233 \*\*\*Credit cards NOT accepted.\*\*\*

\*\*\*\$20 fee for returned checks, payable in money order\*\*\*

\*\*\*Purchase orders will also be accepted. Please submit proper documentation with registration form if using a purchase order.\*\*\*

**Please mail check and registration form to:**

TPHA/Vital Statistics Conference

P. O. Box 201540

Austin, TX 78720-1540

**Registration & Purchase Order may be faxed to:**

512/336-0533